## **Application Data Sheet**

Application Inf rmation	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	FLUTED ROLL AND MEITHOD FOR THE
	MANUFACTURE THEREOF
Attorney Docket Number::	REICH5
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Heribert

Middle Name::	
Family Name::	REICH
Name Suffix::	
City of Residence::	Weiherhammer
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Ringstrasse 38
City of Mailing Address::	Weiherhammer
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	D-92729
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Alfons
Middle Name::	
Family Name::	GNAN
Name Suffix::	
City of Residence::	Vilseck
State or Province of Residence::	
Country of Residence::	Germany
Street of Mailing Address::	Ziegelanger 20
City of Mailing Address::	Vilseck
State or Province of Mailing Address::	
Country of Mailing Address::	Germany
Postal or Zip Code of Mailing Address::	D-92249
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Thomas

Family Name:: KAMM
Name Suffix::

Middle Name::

City of Residence:: Grafenwohr

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Schulstrasse 24

City of Mailing Address:: Grafenwohr

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type::

Primary Citizenship Country::

Germany

Status:: Full Capacity

Given Name:: Edmund

Middle Name::

Family Name:: BRADATSCH

Name Suffix::

City of Residence:: Weiden

State or Province of Residence::

Country of Residence:: Germany

Street of Mailing Address:: Hinterm Zwinger 18

City of Mailing Address:: Weiden

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

D-92637

Applicant Authority Type::

Primary Citizenship Country::

Status::

Germany

Full Capacity

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Given Name:: Norbert

Middle Name::

Family Name:: STADELE

Name Suffix::

City of Residence:: Weiden

State or Province of Residence::

Country of Residence:: Germany

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Street of Mailing Address:: Albrecht-Durer-Strasse 24

City of Mailing Address:: Weiden

State or Province of Mailing Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing Address:: D-92637

**Correspondence Information** 

Correspondence Customer Number:: 001444

**Representative Information** 

Representative Customer Number:: 001444

**Domestic Priority Information** 

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

**Foreign Priority Information** 

Country:: Application Number:: Filing Date:: Priority Claimed::

Europe 02 015 396.1 07-11-02 Yes

**Assignment Information** 

Assignee Name:: BHS Corrugated Maschinen- und

Anlagenbau GmbH

Street of Mailing Address:: Paul-Engel-Strasse 1

City of Mailing Address:: Weiherhammer

State or Province of Mailing Address::

Country of Mailing Address:: Germany

Postal or Zip Code of Mailing Address:: D-92729